


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 15 PM 3:48

DOCUMENT # A00000000667		
1. Entity Name PENSION PLAN ASSOCIATES, LLLP		

Principal Place of Business C/O SUGARMAN & SUSSKIND, P.A. 2801 PONCE DE LEON BLVD., SUITE 750 CORAL GABLES, FL 33134	Mailing Address C/O SUGARMAN & SUSSKIND, P.A. 2801 PONCE DE LEON BLVD., SUITE 750 CORAL GABLES, FL 33134
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

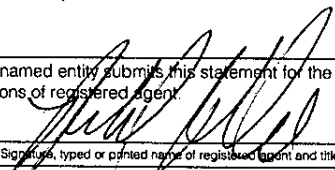


03312004 Chg-LP CR2E003 (10/03)

4. FEI Number APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SUSSKIND, HOWARD S C/O SUGARMAN & SUSSKIND, P.A. 2801 PONCE DE LEON BLVD., SUITE 750 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name MICHAEL R. STORACE Street Address (P.O. Box Number is Not Acceptable) 9100 SO. DADELAND BLVD., SUITE 1607 City MIAMI, FL Zip Code 33156-7817	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 4-13-04

9. Capital Contributions as Shown on record. \$18,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L00000004343 PENSION BAY INVESTMENTS, L.L.C. 2801 PONCE DE LEON BLVD., SUITE 750 CORAL GABLES, FL 33134	STREET ADDRESS CITY-ST-ZIP	400035808304 05/10/04--01054--017 **\$26.25
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  DATE 4-9-04 305 651-5971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER